Foster Family Home - Corrective Action Report

Provider ID:	1-100124						
Home Name:	Josefina S	aoit, CNA	Review ID:	1-10012	iideenkeen üllise kraistaakalasta rakiidistaada kiitakata kaleenta. V4-6	Zanta a Zata Zata kata kata zaten zen zen eta	
94-192 Kaima Pla	ice		Revièwer.	1			
Waipahu		НІ 96797	Begin Date:	2/2/201	7 End Date: 2/7/20	77	
Foster Family Home Required Certificate					[17-1454-6]		
6.(d)(1)	Comply	with all applicable	requirements in this ch	apter; and			
Comment:							
6 (d)(1) Home vi corrective action	isit made (n plan due	on 2/2/2017 for a to CTA on 3/2/2	a 3-bed recertification 017.	n. Correcti	ve action report issued durin	g home visit with	
6 (d)(1) see app	licable se	ctions of this rev	iew.				
Foster Family I	łome	information (Confidentiality		[17-1454-13.1]		
13.1.(c)(1)	The app	licant, recipient or re of the information	a legal representative	of the appli	cant or recipient has authorized	l in writing the use or	
Comment:			**************		*****************		
13.1.(c)(1) Cons	ent Form	not present in th	e home for Client #1				
Foster Family I	łome	Grievance			[17-1454-44.1]		
Provide a written copy of the grievance policies and procedu which includes the names and telephone numbers of the includes; and					res to the client or the client's le ividuals who shall be contacted	egal representative, in order to report a	
Comment:		V, W.10	• • • • • • • • • • • • • • • • • • • •			***************************************	
44.1.(2) A writter in the home.	n copy of t	he grievance po	licies and procedure	s to Client	#1 or the client's legal repre	esentative not present	
Foster Family H	emol	Client Rights			[17-1454-50]		
Written policies and procedures regarding the rights of the cestablished and a copy shall be provided to the client, or the public when requested.				nts of the cli	lient during the client's stay in the home shall be e client's legal representative, and made available to the		
Comment:				• • • • • • • • • • • • • • • • • • • •			
50.(a) Written po	licies and	procedures rega	arding the rights of C	Client #1 d	uring the client's stay not pre	esent in the home.	
				ļ			
•						11.00	
	. • •					, <u>-</u> ;	
۷,	·						
	•	ance Manager			Date		
	Juse.	4200	T		2/2/pois	,	
Dogo 1 -54	Primary	Care Giver			Date		
Page 1 of 1						200017 45:07 DM	

A2/A5/2A1	7 Ø8:46AM	JOSEF.	NA SADIT	PAGE 02/02
	33.45.4			
,			t 1	to a matter part of the ship is a manual to the second of the same the property of the same of the second of the same of the s
	Written Plan of C	errection	2/2/2017	
13.1.(4)	1) Consent form for	- client #1	recieved on 5	16/16
44.1.(2)	Grievance policie	s and proud	ares to exigni	5 + 1
	recieved on 5/4	[16	<u></u>	
		<u> </u>	04	_ la d
so.(a)	Policies and prou	dures regard	ung essens F	3
	viciered on 5	16/16		
<u> </u>	6 1			ر در
	Prevention for the The home will coord	cools with	the Accemanage	r RN to
	makesure all th		T" V	
	the chart to prev			
2/2/17	Autore palas		J. J.	
-101.7	The state of the s			
	JOSEFINA SAOIT			
•	94-192 Kaima Pl	<u>ou</u>		
<u> </u>	Waipahu Hi. 967.	97		
	-			
				<u> </u>

Received hax: Feb 05 201/ 09:50AM Fax Station: CIA Dage 2